

BSC Finance: Credit Card Unit

BSC.CC.Applications@ogs.ny.gov | Phone: 518-457-4272 | Fax: 518-485-7047

Employee /Supervisor: Sign and submit the form to your

Agency Liaison for review and approval.

Agency Liaison: Complete application in PaymentNet or

forward to BSC Finance Credit Card Unit.

Travel Card (TCard) Change Request

Section 1: Employee Information							
First Name		МІ	Last Name		Title/Department		Last 4 Digits of Travel Card
Agency GLBU	vee ID	Number (can be found or	mber (can be found on pay stub) Email Address			Work Phone Number	
Agency CLBO Limpio		yee ib	realise (can be round or	i pay stub)	Endi Address		
Work Address (full mailing address)							
Employee Signature							
						Date	
Section 2: Travel Card	Change	Infor	mation				
Justification							
Justification							
Change Requested (check all that apply) Cardholder Name Previous Name New Name New Name							
Cardnoider Name			icvious ivaine		- New Hain	•	
Cancel Card							
Credit Change		Ne	* Restore Limit to Standard \$7,500				
JPMC (if applic	able)						
					Hierarchy 3	Hierarchy 4	
Hierarchy 1 Card Type		Hie □ □	Hierarchy 2 Hosted Status		Accts Payable Business Unit	Billing Acct Name	
TCard			BSC				
Additional Hierarchies (if applicable)							
Hierarchy 5		Hie	rarchy 6	Hierarc	hy 7	Hierarchy 8	
Section 3: Approvals							
				Supervisor's Signature			
Employee's Supervisor's Name			Supervisor's Signature				
Agency Liaison to the BSC's Name			Agency Liaison to the BSC's Signature		Date		